



FALSE MEMORY SYNDROME FOUNDATION NEWSLETTER

March 1997 Vol. 6 No.3

Dear Friends,

In March 1992, the FMS Foundation was formed. Where are we five years later? It seems fitting to use the legal cases, public opinion, research results and personal comments that appeared in February 1997 as a measure.

Legal cases: The repressed memory case in the news in February, 1997 was not a "survivor" suing her parents as was happening in 1992, but a former patient along with Blue Cross suing a doctor in Wisconsin for billing group rates after diagnosing her with 120 personalities. This widely publicized case is not helping the image of a profession that for the past four years has been rocked by scandals of private psychiatric hospitals paying bounties to recruiters, of reports of people being lured into psychiatric hospitals under false pretenses and of huge judgments in malpractice cases against recovered memory therapists.

Will we hear from mental health professionals as we have in the past: "That's just an extreme example," or "Every field has greedy people," or "I'm not responsible for that." Or will we begin to see professional articles that deal with the issue of responsibility for what has happened to the profession. The kinds of excesses and patient abuses that we have reported month after month after month after month did not happen in a vacuum. They happened because too many professionals have looked the other way, have thought that it wasn't their responsibility or have not wanted to get involved.

Do professional organizations have a responsibility for policing their constituency? Do professional organizations have a role to play in protecting the public? Will this job be left to courts and regulatory agencies?

Public opinion: The price for the neglect is high. There is evidence that public opinion is shifting away from 'unconditional positive regard' for therapy and moving to open criticism. A bookstore in the Boston area, for example, has opened a new section called "Anti Psychiatry/Therapy." In a discussion about the *DSM-IV* and its role in turning normal human experiences into pathologies, we read in the February *Harper's Magazine*:

"Here, on a staggering scale, are gathered together all the known mental disturbances of humankind, the illnesses of mind and spirit that cry out for the therapeutic touch of—are you ready for this?—the very people who wrote the book....Nor did the tumbrels roll when the psychiatric profession went on to discover (and make a bundle from) two entirely new nation-threatening epidemics for which no empirical proof exists: chronic depression (based on the readily observable fact that a whole lot of people, including people with serious or potentially fatal diseases, don't feel so hot about their lives) and suppressed memory." (pp.61-66, L.J. Davis, "The Encyclopedia of Insanity: A psychiatric handbook lists a madness for everyone.")

The January 18, 1997 issue of *The Economist* noted:

"Psychoanalysts have a bad reputation with other scientists for making up untestable propositions, dressing them up with fancy names, and diagnosing people as suffering from this...But 'recovered-memory therapy'...looks like a particularly black mark against the profession's name.

Psychiatry is being forced by external pressure to change the way that it is funded and organized. A concrete example is the fact that the oldest psychiatric institute in the nation, the Institute of Pennsylvania Hospital in Philadelphia, the place where Benjamin Rush founded the American Psychiatric Association, is now a part of history. It has been sold.

Research results: Scientific research is the engine forcing the movement in psychiatric thinking. Several remarkable new results appeared in February.

At the American Association for the Advancement of Science meeting in Seattle, Elizabeth Loftus reported on a study that moves us closer to understanding how the act of

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imagining can influence what we believe is a memory. She gave volunteers a list of 40 possible childhood events and asked them to rate them on a scale from "definitely did not happen" to "definitely did." Two weeks later she asked them to imagine that they had experienced events, some of which they had previously identified as not occurring. They did this several times and then were asked to rate the 40 items again. The act of imagining a memory at the direction of a psychologist makes it more likely to seem real. Twenty-four percent of those who had at first remembered "not breaking a window," for example, were more confident that it had happened after the experiment... Familiarity seems to have been mistaken for a memory.

"But that is not traumatic memory," critics will predictably say. New research with trauma victims, however, poses challenges for "traumatic memories." In psychiatry's prestigious *American Journal of Psychiatry* 154:2, February 1997, there are two articles that raise doubts about the therapeutic assumptions of memory, trauma and PTSD. One of these reports is a study by Southwick et al. (p. 173) that examines 59 subjects who served in Operation Desert Storm and were exposed to various traumatic war experiences. One month after their return from the Gulf War, the subjects were given an interview that covered 19 combat events or experiences; the same interview was given 2 years later. Most of the subjects gave inconsistent reports of at least one event that was objective and highly traumatic, and over half had changed at least two of their responses. The findings suggest that memories of trauma are not always permanent or stable.

Professional opinion: Psychiatry and therapy are undergoing profound changes in fundamental tenets and practices. From the *Time Magazine* in 1993 declaring "Freud is Dead" to the January '97 issue of *The Economist* stating that "The weight of evidence is turning strongly against the theory that traumatic memories of sexual abuse are repressed in childhood and can be 'recovered' in later life with the help of a therapist," the public has perceived a change (January 18, 1997, pp 75-77 "Remind me one more time...").

The professional community has been slow to accept the inevitable change. But it has started. It is significant that Alan A. Stone, former president of the American Psychiatric Association and a Harvard professor of law and psychiatry has written:

"Early in my career as a psychiatrist and a psychoanalyst I believed that every form of mental illness—be it psychosis, neurosis, or personality disorder—could be understood in terms of psychoanalytic developmental states...Our problem is that, in light of the scientific evidence now available to us, these basic premises may all be incorrect. Our critics may be right. Developmental experience may have very little to do with most forms of

psychopathology, and we have no reason to assume that a careful historical reconstruction of those developmental events will have a therapeutic effect...."

Harvard Magazine, Jan.-Feb. 1997
Where Will Psychoanalysis Survive
Alan A. Stone, M.D. p 35-39

What's ahead: At the professional level, the diagnosis of multiple personality disorder (changed in 1994 to dissociative identity disorder) is coming under tremendous scrutiny. Two new books: *Multiple Personality and False Memory* by N. Spanos and *Hoax & Reality: The bizarre world of multiple personality disorder* by A. Piper raise challenges that cannot be ignored to this diagnosis. An editorial in the February issue *American Journal of Psychiatry* 154:2, indicates that the diagnosis of Post Traumatic Stress Disorder is also under great challenge.

Where does this leave the FMS families caught between greed, therapeutic notions gone astray, a sensationalized media and a public that panicked? In the five years since the Foundation began, families have seen fundamental tenets of the profession fall. We have seen the legal cases based on "repression" fall, and legal cases based on retractor lawsuits against former therapists and third party lawsuits rise. But most of us still have not seen our own children—adults who are so fearful that they are afraid to talk to their own parents. "I was terrified of you...I feared for my life....I would interpret...your contacting me or my family members at any time to be an attempt to intimidate or harm us." How long can professionals justify such unreasonable fear under the guise of "recovered memories?"

FMSF will not stop its work until more families are in respectful dialogue. At the Baltimore conferences, we will present new survey data showing where we currently stand with new accusations and with family reconciliation. Don't miss this remarkable event.

Pamela

The April newsletter will go to the printer one week later than usual in order for us to report on the Baltimore conferences.

special thanks

We extend a very special "Thank you" to all of the people who help prepare the FMSF Newsletter.

Editorial Support: Toby Feld, Allen Feld, Howard Fishman, Peter Freyd, Paula Tyroler. **Research:** Merce Federici, Michele Gregg, Anita Lipton. **Notices and Production:** Danielle Taylor. **Columnists:** Katie Spanuella and members of the FMSF Scientific Advisory Board.

Letters and information: Our Readers.

Family Survey Update

In January, the Foundation mailed a one-page Family Survey Update to approximately 3,500 families. "I can't believe it! I just can't believe it!" Kim repeated over and over again as she opened the 1,500 completed surveys that arrived in the office during the week of February 10th. "I can't believe it!" she exclaimed as she noted the pages of comments that families included. "I can't believe it!"

Kim, who has worked at the Foundation for almost a year, has wept at calls from desperate families, and like others on our staff has worked overtime to get materials and information to them. But she hadn't felt the scope of the problem until the postman started delivering the surveys in large plastic U.S. Mail tubs.

Thank you for taking the time to get the surveys to us quickly. Your answers will tell us where we are in the passage of the recovered memory fad and point to the next steps we must take.

Wonderful News

At the California Central Coast group meeting in mid-January, we had some new turns. There was one total retraction after 8 years of no communication on either side. The accused father, who once was extremely angry, said: "Of course I can forgive her." Our mouths dropped! Later in the discussion the news turned up two more returners—both very new. Neither father seemed to know quite how to deal with this. Later, an out-of-town family called to say they have a real returner: "We have our former daughter back. She's like she used to be." Another family got a letter from a son who wrote: "Dear Mom and Dad," and "Love, Son" with an address where he lives—another complete change.

Maybe we need Christmas holidays more than once a year!

Massachusetts Will Disclose Derogatory Information about Doctors

Philadelphia Inquirer, Nov. 5, 1996
Katharine Webster

The Massachusetts Board of Registration in Medicine is the first such board to release information about malpractice payouts, disciplinary actions and criminal records of doctors. Florida, California, Wisconsin and New York are considering similar disclosures laws.

Anyone who wants information on a doctor's history can call the Board and receive up to 10 profiles faxed or mailed free. Some doctors are concerned that the disclosure law will cause doctors to avoid high risk specialties that may draw more malpractice claims.

Washington State Crime Victims Compensation - Update

The Washington State Crime Victims Compensation Program hearings on proposed administrative rule amendments were held on November 26, 1996. Fourteen people testified and 49 people submitted written comments. As a result of the hearings there were a number of changes. The revised rules were filed for adoption on December 31, 1997.

The newly adopted language in one section should be of particular interest to readers of the newsletter.

Prohibited treatment: The department will not allow or pay for any therapies which focus on the recovery of repressed memory or recovery of memory which focuses on memories of physically impossible acts, highly improbable acts for which verification should be available, but is not, or unverified memories of acts occurring prior to the age of two.

Comment on One Family Survey Update

Our daughter is planning an October wedding at the same location where we were married 39 years ago. She has received her Masters in Art Education and will finish her internship in June. She is happy and well adjusted. She calls at least once a week and comes home four or five times a year because she misses us. After her long telephone apology six months after her problem began and two months after our sessions with her and a therapist, she has not brought the subject up.

Our "letter" came in September. At the end of October we saw a Donahue show about FMS which fit the pattern of the problem we were so bewildered about. As a result we contacted your organization, and we were very well informed. By the time our meeting with our daughter and her therapist came about, we turned the tables, and we confronted a very surprised therapist. We presented our daughter with a wide selection of materials we had gathered on repressed memories, videos, books and articles, and we asked her to read this material without the influence of anyone except her own intelligence. We asked that she and she alone make up her mind.

To all the dear and wonderful people of the FMS Foundation and all those associated with it, we truly owe our happy family. We will always be grateful for the education you gave us all. We hope "repressed memories" will be seen by all as the farce it is.

A Mother and a Father

Recovered Memory Therapist Changes Focus

Wendy Maltz is perhaps best known to readers of this newsletter for her statement that:

Due to memory loss, only about half of female incest survivors in your practice may be able to identify themselves as victims during your initial inquiry...If you suspect the possibility of childhood sexual abuse based on physical symptoms and other clues, even when the patient has no conscious memory of sexual violation, share this information with your patient...set the stage for hidden memories of incest to surface...(some of the signs) Physical problems: chronic pelvic pain, spastic colon, stomach pain, headache, dizziness, fainting, chronic gynecologic complaints, sleep disturbances, depression, asthma, heart palpitations." (Adult survivors of incest: How to help them overcome the trauma. *Medical Aspects of Human Sexuality*, 1990, 42-47.

In an article in the Eugene, OR *Register-Guard* (January 19, 1997) Maltz, a social worker, is quoted as saying, "I need to move on after 15 years of focusing on the problems that come from sex. I was just tired of it. I wanted to say, 'We know how ugly sex can get. We know sex can be used for all the wrong reasons. Let's see sex in its most exalted state.'" Maltz has recently edited a book of poetry which she says represents voices not often heard in our culture—the voices of monogamous, caring relationships between stable, honest adults. "And that could be the couple who lives down the street who have been married for 50 years."

How do you say anything about a charge you have not seen from persons you do not know about something you did not do?

Cardinal Joseph Bernardin
The Gift of Peace, 1997

□ Lawsuits Against Missouri Publisher Dismissed 'With Prejudice'

Reverend Herman Otten is the publisher of the Lutheran publication, *The Christian News*. He has written extensively about the dangers of recovered memory therapy. As a part of this effort, he published information about the beliefs and teachings of Dr. Joseph Barbour who was a professional counselor and a Lutheran Church-Missouri Synod clergyman and a teacher at the LCMS's Concordia Seminary in St. Louis Missouri. Dr. Barbour sued Reverend Otten. The case was dismissed on January 24, 1997.

Rev. Otten began his exposé when he learned that Barbour had a client who claimed that her father (who was on the staff at Concordia Seminary) had sexually abused her and that she had sacrificed babies on an altar to the devil. While these wild charges were known to the faculty members and other church leaders, they chose to defend Barbour. Otten decided to investigate the role that Barbour may have had in the emergence of these bizarre and impossible memories. He learned that Barbour relied on the book, *The Courage to Heal*. Otten subsequently published some sections from it that he claimed promoted adultery and lesbianism. He wrote that Barbour was practicing "voodoo psychology."

What did Barbour believe? A segment of his deposition was printed in *Christian News*.

Question: Have you had any clients who believed that she or her father or her parents sacrificed a living or aborted baby to the devil?

Barbour: Uh-huh.

Q: How many of those would you say you had?

Barbour: Fifty maybe. Not necessarily their fetus that they were pregnant with, but that fetuses were used in ritual.

Q: Fetuses were used, okay. And a ritual meaning—what are you referring to as a ritual?

Barbour: Ritual can be all kinds of things from a family who are basically pedophiles to—you understand that pedophiles tend to group together, they carry pictures and so forth. Sometimes they'll meet under the guise of like a satanic ritual abuse kind of thing. It's really just an opportunity to share children, sexual partners. And then I believe that there are groups. I don't know how many, that go out in the woods and light fires and do things like that.

Dr. Barbour has left Concordia Seminary and has resigned from the clergy roster of the LCMS.

□ United Methodist Ritual Abuse Task Force

The United Methodist Church Ritual Abuse Task Force is an ad hoc group of clergy and laity "who minister to survivors of ritual abuse and their families." In response to "pleas of a number of survivors and their families," they held a retreat to "develop training opportunities and other educational resources on child sexual abuse and exploitation and on ritual abuse." The event was for "those who have encountered the issue in their ministry but have not been clear how to respond; it was for those who are working with survivors but feeling isolated and alone."

The meeting was held in response to the Methodist mandate to "make our churches safe places, protecting children and other vulnerable persons from sexual and ritual abuse," according to the organizers of the conference. The Methodist mandate adopted in April 1996 states, "Ritual abuse refers to abusive acts committed as part of ceremonies or rites; ritual abusers are often related to cults, or pretend to be."

The flyers notifying church members of this conference referred people to the Believe the Children organization.

Believe the Children

Believe the Children has been steadfast in its promotion of the existence of organized satanic ritual abuse conspiracies. It has recently joined forces with (1) Mothers Against Sexual Abuse, (2) Survivors and Victims Empowered and (3) The International Council on Cultism and Ritual Trauma. The International Council on Cultism and Ritual Trauma is the new name for the Society for the Investigation, Treatment and Prevention of Ritual and Cult Abuse (SITPRCA).

SITPRCA was formed by Randall "Randy" Noblitt, a Dallas therapist who has testified that ritually abused children will often not be able to recall the events because they are so highly traumatized.

A SITPRCA conference in March, 1995 concerned graduate student Evan Harrington who noted that the conference introduced racist conspiracy theories(1). According to Harrington, "Don Marqui, a self-described former 'school teacher and witch,' lectured about the satanic 'Illuminati' conspiracy, which he alleged President Bill Clinton was part of, serving as the 'anti-Christ.' Marqui assured the audience that this theory is not racist; but the fact is the Illuminati theory is the same one advocated by most members of the American militia movement, and it was utilized by the Nazis in their effort to justify their campaign of genocide against the Jews of Europe (Cohn, 1966)." Harrington mentioned that the written material available at this conference supported the racist overtones.

(1) Harrington (1996). "Conspiracy theories and paranoia: notes from a mind control conference." *Skeptical Inquirer*, September.


(2) Cohn (1966) *Warrant for Genocide: The myth of the Jewish World-conspiracy and the protocols of the Elders of Zion*. New York: Harper and Row.

CORRECTION: Feb. '97 p. 13

"Colorado Board..." 2nd paragraph: she was diagnosed and treated... should read: she was diagnosed by Dr. Dubovsky

Michigan Introduces Bill on Ritual Abuse

A bill supported by some "survivors" and their therapists has been introduced in Michigan to amend the Penal Code. The bill seems to be an attempt to make ritual abuse a special crime. It begins: "A person shall not intentionally commit an act of physical abuse, psychological abuse, or sexual abuse against or in the presence of an individual and in connection with the display or use of a symbol, costume, mask, ceremonial object, ceremony, or ritual."

Editor's question: Aren't physical abuse, psychological abuse, or sexual abuse already crimes? 

M A K E

a

D I F F E R E N C E

When bad men combine, the good must associate; else they will fall one by one, an unpitied sacrifice in a contemptible struggle.

Edmund Burke Vol. I p. 526.
Thoughts on the Cause of the Present Discontent

This is a column that will let you know what people are doing to counteract the harm done by FMS. Remember that five years ago, FMSF didn't exist. A group of 50 or so people found each other and today more than 18,000 have reported similar experiences. Together we have made a difference. How did this happen?

California - I would like to add to the list of books that was printed in the Nov./Dec. 1996 *Make a Difference* column. I recommend *The Demon-Haunted World: Science as a Candle in the Dark* by the late Carl Sagan (Random House: 1995). This book exposes pseudoscience in many forms and the chapter on "Therapy" is particularly appropriate to newsletter readers.

"On the one hand, to callously dismiss charges of horrifying sexual abuse can be heartless injustice. On the other hand, to tamper with people's memories, to infuse false stories of childhood abuse, to break up intact families, and even to send innocent parents to prison is also heartless injustice. Skepticism is essential on both sides. Picking our way between these two extremes can be very tricky."

Page 158, *Demon Haunted World*

New York - As a student in Health Services, I spend a lot of time at the university library. I finally decided to

ask the librarian about subscribing to the FMSF Newsletter. I spoke to the person in charge of such requests. I told him the cost (\$120.00 for all back issues and a current subscription), and he said he would put in the request immediately.

Missouri - A few families have checked hospitals and medical centers to seek permission to put FMSF brochures on bulletin boards. Other places to check: libraries, bookstores, doctor offices and banks.

Wisconsin - In a lawsuit taking place in Appleton, WI, a former patient is suing her former psychiatrist. The patient was diagnosed as suffering from multiple personality disorder. He found 120 different personalities. The most incredible thing is that he billed the insurance company for group therapy for his sessions with her.

I am deeply angry at the thought that the insurance company paid for group therapy (for a "disorder" that may not even exist) but they do not pay for a new mother to stay in the hospital for more than 24 hours after giving birth to a real baby. I have written a letter to my state Consumer Fraud Committee and my state Insurance Commission. I have also written to Ralph Nader, PO Box 19367, Washington, DC 20036.

Send your ideas to Katie Spanuello c/o FMSF

This is the first in a 4-part series examining the question of whether childhood sexual abuse causes psychiatric disorders in adulthood. The series is not intended to "forgive" or exonerate the morally repugnant phenomenon of child sexual abuse in any way. Here is an example of a hypothetical study of this type that childhood sexual abuse causes adult psychiatric disorders. The remaining three parts of this article will appear in the next three issues of the newsletter.

Does Smoking Cause Arthritis?

Hundreds, if not thousands, of simply designed studies have now appeared in the literature, examining the prevalence of childhood sexual abuse in various populations of patients with psychiatric disorders. The typical hypothetical study goes something like this (1):

Drs. Harrison and James interviewed 50 women at a clinic who were being treated for eating disorders. Some of the women had bulimia nervosa, a disorder characterized by compulsive eating binges, followed by self-induced vomiting. Other women had anorexia nervosa; they had dieted until they weighed much less than they ought to weigh, but they still perceived themselves to be too fat. Many of the women had experienced both disorders at various times over the years. For comparison, Drs. Harrison and James also interviewed 50 women of the same age who were recruited from the community at large. The community women were included only if they showed no evidence of a major psychiatric disorder. The investigators found that 25 (50%) of the 50 women with eating disorders reported a history of childhood sexual abuse, as compared to only 5 (10%) of the comparison women from the community. This difference proved to be highly "statistically significant." Specifically, using a statistical test called Fisher's exact test, the investigators calculated that the odds of such a difference occurring by chance alone were less than one in ten

thousand. Thus, in the text of the paper, the authors added the phrase " $p < 0.0001$ by Fisher's exact test, two tailed." On the basis of this highly significant finding, they concluded that childhood sexual abuse played an important causal role in the development of eating disorders.

Are the conclusions of this hypothetical study justified? The answer is no, for a long series of reasons. First, our hypothetical investigators have failed to consider possible methodological errors in their design that might produce an apparent association between childhood sexual abuse and adult psychiatric disorders, even though a true association might not exist. Second, even if we allow that there is a true association between childhood sexual abuse and eating disorders, the investigators still have failed to demonstrate that the association is a causal association. In this article and the next, we consider flaws in our hypothetical study which might have caused the finding of a false association. In the following article, we move on to the issue of causality.

The first possible cause of a false association in our hypothetical study - and in countless actual studies in the literature - is the problem of selection bias. Selection bias refers to the possibility that the investigators have selected subjects who are not representative of the overall population of such people in the world at large. This bias could appear in two places. First, the women coming to the clinic for treatment of eating disorders may have a higher or lower prevalence of childhood sexual abuse than women with eating disorders in the general population. Second, the comparison women recruited from the community may have a higher or lower incidence of sexual abuse than community women

as a whole. Let us look at each of these possibilities.

First, are Harrison and James' subjects with eating disorders representative, in other words typical of people with eating disorders as a whole? One can think of many reasons why they may not be. For example, women with eating disorders who also happen to have a history of childhood sexual abuse may be more likely to seek psychological treatment than women with eating disorders who have no history of childhood trauma at all. Another possibility is that Drs. Harrison and James may be well known for their interest in childhood trauma. If so, then women with eating disorders who also happen to have a sexual abuse history may be somewhat more likely to seek treatment at Harrison and James' clinic, whereas women without sexual abuse are somewhat more likely to visit a different clinic across town.

For reasons such as these, the sample of women investigated by Harrison and James will probably show a higher prevalence of sexual abuse than women with eating disorders as a whole. But there is likely an equally serious reverse bias in the investigators' comparison group. Suppose that we find that Drs. Harrison and James chose their comparison subjects by posting an advertisement around their local medical area seeking "woman for a study involving interviews regarding their psychological symptoms" and offering them \$30 to participate. Clearly, the women who are willing to respond to such an advertisement are not a random sample. In particular, women with a history of serious childhood sexual abuse may be embarrassed to sign up for a psychiatric interview. It is not worth \$30 to them to contemplate a stranger asking them about their childhood experiences. Thus, the women who actually show up in Harrison and James' offices, ready to be interviewed about their psychiatric histories, will likely exhibit a much

lower rate of childhood sexual abuse than the true rate in the population.

Then, Harrison and James compound the problem even further with their requirement that these comparison subjects be free of psychiatric disorder. This criterion introduces a further selection bias into the comparison group, in that it creates a sample of "supernormals" who now have a much lower prevalence of psychiatric disorder as a whole than the natural rate in the community.

What is so bad about using "supernormals?" Consider an analogy from medicine. Suppose that we wish to test the hypothesis that cigarette smoking causes people to develop rheumatoid arthritis. (This hypothesis, as the reader probably knows, is completely false.) We examine 50 patients with confirmed rheumatoid arthritis and obtain detailed histories of their lifetime cigarette consumption. We find that 50% report some history of cigarette use. We then get a comparison group of individuals from the community at large, choosing them so that their average age and male/female ratio match closely with the rheumatoid arthritis group, and exclude from this group any individuals who show evidence of any significant medical disease. In this group of "healthy controls," we find, not surprisingly, that the lifetime prevalence of cigarette smoking is markedly lower than in the patients with rheumatoid arthritis. Can we conclude therefore that smoking causes rheumatoid arthritis? Of course not. We have simply selected against cigarette smokers in the comparison group by our insistence that they be "supernormals" with no serious medical illness of any type.

How are Drs. Harrison and James to deal with these problems? Fortunately, these methodologic difficulties are well understood in epidemiological research, and established methods exist to address them. For example, Drs. Harrison and James

could obtain data from 1,000 women in the community at large. Upon examining the histories of these women, let us say that they find that 50 of the 1,000 display eating disorders. These women are unselected, in that they represent every case of eating disorders in the sample, regardless of whether or not they were seeking treatment. Then, Drs. Harrison and James select from the remaining 950 women an age-matched group of 40 comparison subjects without regard to the presence or absence of psychiatric disorders (except, of course, an eating disorder). Assuming that all of the 50 subjects in each of the two groups agree to cooperate with the investigation (thus minimizing any bias from self-selection), Drs. Harrison and James will have two groups unlikely to be seriously affected by selection bias.

Although these methods are admittedly more tedious and expensive than the "quick and dirty" hypothetical study described earlier, it is easy to see that they would produce much more reliable results. It is remarkable, then, to find that the great majority of published studies of childhood sexual abuse and adult psychiatric disorder fail to control for selection bias, and thus may produce findings just as suspect as our bogus conclusion that smoking causes arthritis. In short, by insisting on studies which have adequately addressed the issue of selection bias, we have already greatly narrowed the field of studies which meet our methodological standards for testing the relationship between childhood sexual abuse and adult psychiatric disorder.

Reference

1. This hypothetical study, and most of the material in the next three sections of this series are taken from a journal article which we have previously published: Pope, H.G. Jr., Hudson, J. I. "Does childhood sexual abuse cause adult psychiatric disorders? Essentials of methodology." *J Psychiatry Law* Fall, 1995: 363-381. We refer the reader desiring a full scientific

presentation of these arguments to the original article.

This column appears as a chapter in the forthcoming book, Psychology Astray: Fallacies in Studies of 'Repressed Memory' and Childhood Trauma, by Harrison G. Pope, Jr. M.D., Social Issues Resources Series, 1996. Copies of this book will be available in March 1997 and may be obtained by writing to Social Issues Resources Series at 1100 Holland Drive, Boca Raton, Florida, 33427, or by calling 1-800-232-7477.

New Publications available from the FMSF Legal Project

808 FMSF Amicus Curiae Brief -

Illinois Supreme Ct. \$20.00

Brief in support of Appellees in *M.E.H. v. L.H.*, No. 81943. Brief argues that unproven reliability of repressed memory claims are insufficient basis to apply "discovery rule." Also reviews factors leading to the development of false memories, the repressed memory debate, current findings of the scientific community, and relevant case law in other jurisdictions.

809 FMSF Amicus Curiae Brief - New Hampshire Supreme Ct. \$20.00

Brief in support of Appellees in *State v. Hungerford*, *State v. Morahan*, No. 95-429. Brief argues that under either a Frye or Daubert analysis, the theory of repression clearly fails to meet the criteria for admitting scientific evidence. Also reviews factors leading to the development of false memories, the repressed memory debate, current findings of the scientific community, and relevant case law in other jurisdictions.

827 Transcripts of Expert Testimony at Admissibility Hearing in State of New Hampshire v. Hungerford, Hillsborough Superior Ct., Northern District, New Hampshire, March 27-April 7, 1995. \$25/page

Day 1 (Dr. Daniel Brown, 282 pages); Day 2 (Dr. Daniel Brown, 136 pages; Dr. Bessel van der Kolk, 126 pages); Day 3 (Dr. Bessel van der Kolk, 56 pages; Dr. Jon Conte, 200 pages); Day 4 (Dr. Jon Conte, 176 pages); Day 6 (Dr. Elizabeth Loftus, 322 pages); Day 7 (Dr. Paul McHugh, 216 pages; Dr. Jon Conte, 12 pages); Day 9 (Dr. James Hudson, 204 pages); Day 10 (Dr. James Hudson, 160 pages).

841 Doe v. Maskell Decision: Maryland Court of Appeals. July 29, 1996. \$20.00

A NEW DAY DAWNING?

August Piper Jr., M.D.

A recent curious little debate has merrily bubbled and squeaked along in obscure corners of the media. The question: does the 21st century begin in the year 2000 or 2001? Though the weight of logic supports the latter, this seems to count for nothing, because at least in the United States, it appears that the new age will be embraced 365 days early.

Many American psychotherapists are not waiting until 2000 to embrace and welcome another kind of new age. I refer to what might be called the age of dissociation. To satisfy yourselves, dear readers, that this age is upon us, merely open a recent issue of almost any psychiatry or psychological journal. Difficult it is, you will find, to avoid seeing one paper after another on this subject. The prestigious *American Journal of Psychiatry*, for example, is quite enamored of such papers; it published 11 in 1996 alone.

Yes, dissociation is sexy now. But before getting too cozy with this notion, we should become better acquainted with it.

"Dissociation" is defined as a disruption in the usually integrated functions of consciousness, memory, identity, or perception of the environment (DSM-IV). Five manifestations of dissociation are said to exist: amnesia (a specific segment of time that cannot be accounted for by memory); depersonalization (detachment of consciousness from the body); derealization (a sense that one's surroundings are unreal); identity confusion (a subjective feeling of uncertainty, puzzlement, or conflict about one's identity); and identity alteration (evidence of actions of different identities or ego states).

These definitions are beset by

vagueness and excessive dependence on interpretation. Consider amnesia, for instance. How can an outside observer ever evaluate the genuineness of a claim of amnesia?

One writer has noted that even from its earliest history, dissociation has always been a concept in need of restraint. But the restraints came off a few years ago, and now this nebulous concept runs wildly around everywhere. Examples: If you don't remember parts of conversations, that's dissociation. Do you become so involved in a book or movie or other experience that your surroundings fade away? You guessed it: dissociation. Unable to recall parts of a long, boring freeway ride? Right again! — dissociation. And if you fail to remember large blocks of your childhood, dissociative disorder proponents can tell you why. Some proponents go so far as to imply that commonplace experiences like these indicate significant psychiatric disorders, or a repressed history of childhood maltreatment.

The definitions' ambiguity and subjectivity allow "dissociation" to be defined in nearly any way people want. I recently interviewed a woman who actually claimed she was "dissociated 100 percent of the time" — even while she was talking to me (and, I might add, not only following the conversation, but also making perfect sense).

The concept is all-explaining. Thus, one dissociative disorders expert says that mania, panic attacks, mood swings, obsessive-compulsive symptoms, self-mutilation, drug abuse, phobias, hallucinations, eating disorders, suicidality, depression, sexual dysfunction, bodily aches and pains, insomnia, and several other psychiatric difficulties may occur in patients who have dissociative disorders. This expert implies that dissociation causes all these difficulties. One can only wonder if there is any psychiatric problem that fails to make this list.

Yet another problem is that the

concept of dissociation directly leads to intractable logical contradictions about responsibility for one's actions. Two legal cases in which I recently consulted provide examples. In the first, the patient in question was hospitalized to treat dissociative identity disorder (formerly multiple personality disorder). The patient, and the staff as well, believed she had an alter that periodically assumed control of her body. Though she feared this entity would compel her to harm herself or someone else, she refused to take any responsibility for such actions. Instead, she adopted the dissociative disorder party line: "I have no control over my dissociation. It just happens to me, and then the alter takes over."

The treating clinicians endorsed this regressive stance of nonresponsibility. Unfortunately, this endorsement left them with just one exceedingly unpalatable treatment choice: to assume more and more responsibility for the patient's life. But the more they took control, the worse she became. The staff finally decided — unilaterally — that, "for her own good," they would move the patient to another state, far from her home city. They did this because they were firmly convinced that "The Cult" was after her.

In the second case, a defendant who claims to have MPD faces charges of misappropriating a small mountain of money from a financial institution. She asks the court to agree that she is not criminally responsible for this behavior. Why? Because, she claims, she had dissociated at those times when the funds vanished. In other words, she didn't take the money — her alters did.

This argument apparently exerts a compelling attraction for one well-known university professor. He will testify that neither the defendant, nor any of her alters, deserves so much as even a glimpse of the inside of a prison.

Finally, see what a reader in Ohio says:

In 1992, my 34-year-old daughter wrote me, saying that her therapy had revealed that something might have happened to her when she was a child. Although she never accused me directly in person, by phone, or by letter, she would tell her brothers and mother that I had committed incest with her. All these people turned against me; I tried to reason with them but they wouldn't listen. Now my daughter tells me she should not be held responsible for these comments, because one of her alter personalities made them. My question is: Should she?

These questions of responsibility revolve around two articles of faith passionately endorsed by many MPD proponents. First, that at least some barriers between patients' personalities are impermeable—that is, information does not leak between alters. Second, that patients suffering from dissociative disorders cannot control the conditions' phenomena.

If these claims are true, then neither the main personality, nor any of the subpersonalities, can reasonably be held responsible for what any other personality does. According to this logic, the hospitalized patient described above could indeed not avoid killing herself, the defendant should not go to prison, and the daughter should be free to make all manner of accusations against her father.

No one, I suspect, would want to live in such a world, where any responsibility could be lightly evaded by easy appeal to invisible alters. Interestingly enough, some MPD-focused therapists seem to agree. For example, one such therapist explicitly tells MPD patients to behave responsibly—as by demanding, under threat of legal sanctions, that they exert sufficient control over their behavior to keep away from his home and family. How obvious it is that this demand contradicts the above articles of faith!

Though the Ohio reader asks a moral, rather than clinical, question, his question challenges those MPD proponents who urge that more people be so diagnosed. What happens to the concept of responsibility in a society where scores of thousands of people receive this diagnosis?

Frankel (*Am J Psychiatry* July 1996 supplement) wisely warns against premature cozy embrace of a new age centered on "unbridled versions of the concept of dissociation"—a concept that, he notes, has recently been "projected as larger than life." He says although some evidence for dissociation's existence may eventually appear, at this point in the old millennium, it is largely just an hypothesis.

August Piper, Jr. M.D. is in private practice in Seattle. He is a member of the FMSF Scientific Advisory Board and the author of the just-released book Hoax & Reality: The Bizarre World of Multiple Personality Disorder. Northvale, NJ: Jason Aronson, Inc.



Victim Compensation And "Recovered Memory Syndrome"

Dr. Susan Kiss Sarnoff

I have spent most of the past decade studying crime victim compensation benefits. In general, these benefits provide minimal help to only a small portion of eligible victims. They are particularly insignificant to those families who lose a breadwinner and victims permanently disabled by crime.

Ironically, the earliest compensation programs were targeted to these particular groups of victims. To preserve resources and limit fraud, compensation programs also limited their funds to victims who reported their crimes to the police (which was also meant as an incentive to reporting) and denied compensation to victims who were related to their offenders (not only because the offenders would benefit from the awards, but for fear that family members might conspire to

obtain benefits they did not deserve). States were also strict about timeliness: they denied benefits to victims who reported late (some cases had limits as low as 72 hours) and set further limits on filing, although they always allowed more time than they did for reporting. These rules tended to have their greatest effect on victims of sexual assault and domestic violence, because theirs were the least-reported crimes and the most likely to involve family members.

In 1986, responding to criticism that compensation programs failed to reach a significant portion of eligible victims (only 1% of victims of violent crimes then received compensation, although researchers argued that a large portion of victims did not need compensation because they either had sufficient insurance or negligible costs), the federal Office for Victims of Crime earmarked approximately half of the matching funds it provided to states to fund "outreach" programs to needy victims who might otherwise be unaware of the availability of compensation. A last-minute amendment to the legislation, railroaded through by Senator Arlen Specter, required that 30% of the outreach funds be allocated to "priority" categories of "previously-underserved" victims. Victims of sexual assault, spouse abuse and child abuse have since each received a minimum of 10% of outreach funds.

These priority categories were immediately protested. It was argued that other needy victims, including Native Americans living on reservations, homicide survivors and various other groups, categorized not only according to the crimes committed against them but by their ineligibility for alternative benefits, ethnicity, income and other factors, were just as deserving as the designated groups. (In fact, priority categories have since been expanded to include more of these groups.)

What Specter failed to acknowl-

edge was that additional funds were available to these groups of victims through a variety of other programs. Since then, still more funds have been targeted to these groups alone, most recently through the Violence Against Women Act. Furthermore, although their advocacy groups deny the fact, reporting of these crimes has increased, in part because these advocates were also effective in changing attitudes and treatment toward victims of crime. Advocates were also effective in changing eligibility factors to make more of "their" victims eligible for compensation. The first to be modified was "unjust enrichment," which was considered too sweeping. Then police reporting was modified in many states to reporting to a criminal justice authority, which could be construed as a 911 call or a request for an order of protection.

More recently advocates began to challenge deadlines. In truth, some states had very narrow guidelines, especially regarding filing for compensation, when studies repeatedly demonstrated that the main reason that victims failed to file, or filed late, was that they had been unaware of the compensation availability. But this did not justify extending reporting deadlines, which many states did, and some did only for victims of sexual assault. Advocates who were dissatisfied with their states' deadlines, particularly in light of other states' changes, then sought reasons to extend deadlines further, at least in some cases.

It was not uncommon for victims of intrafamilial abuse to seek help only after they had moved out of the offender's household, so many advocates argued that the reporting and filing "clocks" should not be started until victims did so. These arguments were not very successful. Next it was argued that people victimized as children should not have their "clock" started until they reached adulthood, but this, too, was rejected. Finally advocates

turned to the fact that some victims seemed to "repress" their memories for some time after their assaults, only to "recall" them later. However, these reports were anecdotal, and most significantly, no one studied what victims (or advocates) meant by "repressed." Did they understand Freud's definition, or did they simply mean that the victims had not thought about the assaults for some time?

Furthermore, in my own experience as rape victim counselor and trainer of rape victim counselors, victims "recalled" these so-called "repressed" memories spontaneously, usually when they were victimized again in adulthood. The "repressed" memories were a complication to counseling because victims tended to confuse aspects of the recent and past assaults, and to be less clear about the circumstances of both assaults than were victims of a single assault, recent or past.

Yet victim advocates argued that, because victims "repressed" memories, the "clock" on reporting or filing for compensation should not be started until these memories were "recovered." And, presumably because the decision makers were confused and ignorant about these issues, and possibly because they wanted to approve some form of expanded coverage, some states approved these rules. To further complicate matters, it can be expected that some of these "recovered" memories will be verifiable, only because some victims who never forgot their memories claim that they have to be eligible for compensation. In fact, considering the timing of their development, it could be argued that "recovered memory syndrome" was caused by victim compensation eligibility guidelines.

This strikes me as the greatest irony, because even if it were possible to recover intact memories of repressed abuse, the act of doing so could never be defined as therapeutic.

Let us forget for a moment that there is no known "technology" for "recovering" intact memories. Let us even forget that it is unethical to break down a patient's defenses, or to provide any service that fails to reduce symptomatology. If recovering memories were effective—it would be a criminal justice—not a therapeutic tool, because it purports to identify a crime and the perpetrator of that crime, not to reduce the trauma of crime.

The pendulum appears to be swinging away from recovered memories now that so many malpractice lawsuits against therapists who have "uncovered" memories have been won. And expansions to victim compensation now seem to be prioritizing spouse abuse rather than sexual assault.

Victim compensation programs have been invaluable to genuine victims with significant, otherwise-unreimbursable costs. But some of them may also have inadvertently contributed to the false memory controversy, by failing to adequately screen the counselors they reimburse and failing to require those counselors to use effective, proven methods of treatment. It is incumbent upon them now to right these wrongs not only by improving their mental health payment criteria, but by recovering the funds paid to these counselors and establishing criteria for compensating the victims of false reports.

Dr. Sarnoff is a social policy analyst and the author of Paying for Crime: The Policies and Possibilities of Crime Victim Reimbursement (1996).

The accusation startled and devastated me. I tried to get beyond the unconfirmed rumors and return to my work, but this lurid charge against my deepest ideals and commitments kept consuming my attention. Indeed I could think of little else...Spurious charges, I realized, were what Jesus himself experienced. But this evolving nightmare seemed completely unreal. It did not seem possible that this was happening to me.

Cardinal Bernardin, *Gift of Peace*, 1997

Suicide and MPD:

An informal note

Harold Merskey, D.M.

The Foundation has been asked on numerous occasions to provide information about suicides and suicide attempts by patients who have undergone recovered memory therapy. These requests have accelerated since we described the Washington State Victims Compensation Review (see FMSF Newsletter, May 1996, page 1). That report noted that in a sample of 30 patients, only 3 claimants thought about suicide or attempted suicide before recovering their first memory: twenty did so after memories. We asked Dr. Harold Merskey to help us formulate a reply to those who asked us about suicide. This is his response:

It is difficult to obtain material on this topic in a controlled manner, but there are very strong reasons to fear that recovered memory treatment is a serious factor in encouraging patients to attempt suicide.

Deterioration is commonly experienced in the course of recovered memory therapy. Two social workers and their patient (Bryant D, Kesler A. & Sharar L, 1992: *The Family Inside. Working with the Multiple*. New York, WW Norton) claim "When knowledge of the abuse and/or emotional feelings begin to return, physical feelings associated with the event also return... the client may make guttural sounds which may be her way of expressing terror so extreme that, for the moment, she feels as if she had gone mad. She may weep; she may cry out for her mother."

This deterioration is often cited in the literature. Seltzer (A.H. Seltzer, 1994: Multiple Personality, a psychiatric misadventure. *Canadian Journal of Psychiatry*, 39:442-445) found a history of deterioration in four out of five cases as recovered memories and personalities appeared. One of his patients observed "I hallucinated, self-mutilated and I thought I was going crazy. That's what therapy did to me."

Three out of four "survivors" of recovered memory treatment described by Pendergrast (Pendergrast M, 1995: *Victims of Memory Incest Accusations and Shattered Lives*. Hinseburg, VT:

Upper Access Books) clearly deteriorated at some point in treatment. Retractors, individuals who have had recovered memory therapy, believed in it and rejected it, subsequently report similar experiences. Several more of these are also described by Pendergrast.

The Courage to Heal by Bass and Davis, a notoriously harmful book which is a "bible" of the recovered memory movement, states that in the "emergency phase," patients need special protection and are expected to deteriorate.

With the help of Janet Fetkewicz at the FMS Foundation, we were able to collect a small amount of information on 12 individuals who entered treatment for fairly ordinary reasons such as depression or problems in relationships. These individuals were all furnished with recovered memories by therapists and later retracted them.

Twenty retractors who reported a diagnosis of MPD were randomly selected from the FMSF database. Of those 20, twelve were available for an exploratory interview (3 were unable to participate due to litigation; 2 could not be reached; 2 refused; 1 disclosed that the diagnosis of MPD was not formal).

Seven of the 12 retractors had attempted suicide. Of the five who did not attempt suicide, four had at some time thought seriously about suicide. One of those who had attempted suicide did so prior to the diagnosis of multiple personality disorder being made. One made an attempt before and after the diagnosis. Five made the attempt only after the diagnosis of MPD. Of the five who attempted suicide only after their MPD diagnosis, two said that they had never thought seriously about suicide before that diagnosis. Three of the five patients attempted suicide in the hospital after the diagnosis; none did so before the diagnosis. Several of these attempts were dangerous and were intended to

be effective. The five patients who made their attempts only after the diagnosis had an average of 1.8 serious attempts. In all those cases they thought correctly that their lives were at risk and in eight attempts they intended to die.

It is well understood among psychiatrists that patients who make so many attempts are a high risk group for ultimate suicide. We should also note that "...the literature published to date inspires no confidence that MPD practitioners preferred treatment methods result in any timely, lasting, or significant benefits to patients." (1)

The evidence is very suggestive that treatment for multiple personality disorder by means of recovered memory therapy is significantly more dangerous than the natural history of the original prior psychiatric illness with which patients present. It appears that the proliferation of the kinds of treatments described as recovered memory therapy has been a disaster for many patients and also for innocent accused people. It has also been highly damaging to the development of the profession of psychiatry.

(1) Piper, A., (1997). *Hoax and Reality: The Bizarre World of Multiple Personality Disorder*. Northvale, NJ: Jason Aronson Inc. Page 153.

Harold Merskey, D.M. is Professor Emeritus in Psychiatry at the University of Western Ontario and a member of the FMSF Advisory Board. He is the author of *The Analysis of Hysteria: Understanding Conversion and Dissociation*. 2nd ed. Janet Fetkewicz is on the staff of the FMS Foundation. She is responsible for the most comprehensive collection of information about retractors that is available. Jamie Fetkewicz assisted with the data collection.

The former treasurer of the Episcopal Church was sentenced to five years in prison despite her claim she could not even remember embezzling \$2.2 million. "I condemn this crime and the greed that caused it," said the judge. The defendant claimed she suffered from a psychological disorder that caused her to steal and forget what happened later.

Fort Wayne, IN
News Sentinel July 12, 1996

A Suicide

Just before his thirty-third birthday, my son began seeing a Canadian social worker who advertised her services as a family therapist. He and his wife had just separated and he was anxious about joint parenting. After five months of counseling, he asked me some questions that indicated that he was attempting to retrieve memories of his childhood. Two months later, he told me that my father had molested him. Neither I nor any other family member believed him and there was absolutely no evidence for such a belief.

Four months more and his lawyer sent a formal letter threatening to file a lawsuit if my parents did not pay him a large amount of money in compensation for the alleged "abuse." My parents, who are in their 80s, refused to pay and hired a defense lawyer.

Approximately a year after beginning therapy, a civil suit was filed by my son. He asked for a large amount of money, approximately the value of my parents' farm and life savings. Six weeks after his thirty-fourth birthday, my son left a letter in his apartment saying that this solution will be cheaper for the taxpayer and walked to a nearby lake where he drowned.

In the past few months I have gained access to my son's journals that were a part of his "therapy." I read dreams which were later taken as reality, fantasies that were later alleged to be reality, all becoming more and more confused until eventually he was in a nightmare from which the only escape was to end his life.

I am aware that sexual abuse of children does occur and I find it repugnant. The situation that destroyed my son had to do with a therapist's abuse of her position of power. That is equally repugnant.

A Mother

Malpractice Suit Claims Psychiatrist Convinced Patient She had Many Personalities and then Billed Insurance Provider for "Group Therapy"

(Cool, et al., and Blue Cross/Blue Shield v. Olson, et al., Circuit Ct., Outagamie Co., Wisconsin, Case No. 94 CV 707.)

Nadean Cool is suing her former psychiatrist for malpractice, claiming he convinced her she had 120 personalities—and then charged her insurance company for group therapy. In her suit, Nadean Cool claims that her psychiatrist, Kenneth C. Olson, was negligent in diagnosing her as suffering from Multiple Personality Disorder and that he planted in her frightening and false memories through hypnosis.

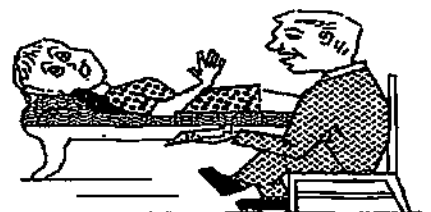
Cool's insurance company, Blue Cross and Blue Shield United of Wisconsin, is suing also Olson, St. Elizabeth Hospital and Legion Insurance Co. of Pennsylvania. Blue Cross, after paying about \$113,000 to Olson and \$114,000 to St. Elizabeth; Blue Cross said Olson billed for group sessions, claiming he was counseling more than one person because of her alleged split personalities.

In opening arguments, Cool's attorney, William Smoler, accused Dr. Olson of implanting false memories in Cool's mind, including supposed childhood incidents of sexual assault and rape. Olson used fear to convince Cool that her family and members of a satanic cult wanted to kill her. Olson prescribed a regimen of drugs, some addictive, but "far beyond what's acceptable," Smoler said.

Another attorney for Cool, Pamela Schmelzer, told the jury that Dr. Olson informed Cool that she had more than 120 personalities, including those of a duck and of angels who talked to God. Cool came to believe she had knifed she knifed the babies in the heart and passed them around for other cult members to eat. To become Satan's bride, Olson told Cool, she had to be raped by 60 or 70 men and have sex with animals, Schmelzer said. He said the only way Cool would get better was to describe such acts to him in detail. When Cool would ask after hypnotic sessions, why she had not remembered such child abuse, Olson convinced her that under hypnosis, "you become someone else and only that person remembers these things." During this time, as a result, Cool made several suicide attempts.

According to Schmelzer, on Feb. 25, 1989, in a mental health unit at St. Elizabeth Hospital, Olson covered the nurses' viewing windows with newspaper, "tethered Cool spread eagle" on a bed, and ordered that no one enter the room no matter what they heard. Armed with a fire extinguisher, because he had told Cool that "she could burst into flames as a result of the exorcism," Olson screamed to Satan, while Cool begged "let me go" for several hours. Olson told Cool that many of her personalities died as a result of the exorcism, Schmelzer said.

During the first day of testimony, Cool described how she began counseling sessions with Olson for help in dealing with a traumatic event experienced by a family member and her feelings of guilt because she had been unable to prevent it. Cool testified that the \$300,000 treatment by Dr. Olson



Now that we have discovered you have two personalities, I shall have to charge you double. *Scam*

left her suicidal and haunted by false memories of brutal rapes, incest and beatings that she had never before remembered. The memories occurred when she was regressed back to childhood through hypnosis. Cool testified that before Olson hypnotized her for the first time, he never warned her of any risks involved or that false memories might occur. He also insisted that if Cool denied the memories evoked under hypnosis, she would never get better.

Sometimes pausing to regain control of her emotions, Cool recalled for the jury some of the memories Olson brought forth when she was in a trance during her first year of therapy with him in 1986. Cool testified that in 1987, she had increasingly bad nightmares and continual flashbacks of the incidents she experienced under hypnosis until she felt more "hopeless and crazy." But, she said, Olson continued to tell her "sometimes you have to work things out the hard way." Cool told the jury that Olson would often hypnotize her and have her recall these terrifying memories.

Cool testified that as the year progressed, her therapy sessions with Olson became longer and she was hospitalized more frequently. She said that she told Olson on Dec. 31, 1987, that she was discontinuing treatment because "I felt like dying all the time because of the constant flashbacks, and I could not see how I could ever get better." Cool said Olson threatened to hospitalize her against her wishes on a 72-hour hold, but she finally agreed to go voluntarily because she didn't want to be committed.

The defense stance was outlined by defense attorney, David D. Patton, in his opening statement on Feb. 7th. Patton said that the psychiatrist correctly diagnosed multiple personality disorder, and that no malpractice occurred because it was Cool who suggested she was possessed by the devil. Attorney Patton characterized Olson, now practicing in Bozeman, Mont., as very caring. Olson agonized over his patient's condition and refused to abandon her. Patton described Cool as a "very troubled person" who had been abused.

In fact, defense attorney Patton said, MPD was generally found in people with a history of sexual and physical abuse consistent with Cool's own words written before she saw Olson. Patton also told the jury that it would see "dramatic differences in handwriting and differences in spelling you just can't believe" in Cool's journal. "Handwriting experts will say it demonstrates distinctly different personalities. Nadean Cool had multiple personality disorder," he said. "It's not unusual for there to be more than 100 distinct, different personalities. That's exactly what we have here." Patton said that because of the severity of Cool's problems, Olson was willing to try anything, including exorcism or 'deliverance prayer' to help her. "Evidence will show she was not harmed by it," the psychiatrist's attorney said.

News services across the country have published

reports of testimony which began February 7, in Appleton, Wisconsin. The trial is expected to last 6 weeks. The report given above quoted from the following sources: *St. Louis Post-Dispatch*, (2/12/97) "Woman says her psychiatrist planted her false memories, personalities; *Milwaukee Journal Sentinel*, by Chris Nelson, (2/11/97) "Malpractice suit: Plaintiff tells horror of memories; Woman emotionally testifies that psychiatrist planted false recollections;" *Milwaukee Journal Sentinel*, by Chris Nelson, (2/8/97), "Patient cites satanic references; Malpractice suit claims psychiatrist used fear;" *Milwaukee Journal Sentinel*, by Meg Jones, (2/4/97), "Doctor accused of bogus therapy, bills; Appleton woman says former psychiatrist convinced her of many personalities; Billed for group therapy."



Court Prohibits Use of Syndrome as Evidence in Sex Abuse Cases

(*Haden v. State of Florida*, 1997 Fla. LEXIS 11, decision Feb. 6, 1997)

The Florida Supreme Court ruled that prosecutors cannot use a syndrome that describes how sexually abused children behave as evidence against those accused of being molesters. The Child Sexual Abuse Accommodation Syndrome (CSAAS) lists five attributes of children who have been sexually abused: secrecy, helplessness, denial, delayed disclosure and retraction. The court rejected the syndrome's use to prove that a child was abused.

The court held that prior to the introduction of a psychologist's expert testimony offered to prove the alleged victim of sexual abuse exhibits symptoms consistent with one who has been sexually abused, the trial court must find that the psychologist's testimony is admissible under the standard for admissibility of novel scientific evidence announced in *Frye v. United States*, 54 App. D.C. 46, 293 F. 1013 (D.C. Cir. 1923). Justice Charles Wells wrote for the unanimous court that CSAAS "has not been proven, by a preponderance of scientific evidence to be generally accepted by a majority of the experts in psychology....We will not permit factual issues to be resolved on the basis of opinions which have yet to achieve general acceptance in the relevant scientific community." Several other courts have ruled similarly.⁽¹⁾

(1) See, e.g., *Commonwealth v. Dunkle*, 529 Pa. 168, 602 A.2d 830 (1992); *Commonwealth v. Garcia*, 58 A.2d 951 (Pa. Superior Ct., 1991); *Frenzel v. State*, 849 P.2d 741 (Wyo., 1993); *Hellstrom v. Commonwealth*, No. 90-SC-262-MR (Kentucky Supreme Ct., 1992); *Lantrip v. Commonwealth*, 713 S.W.2d 816 (Mich., 1990); *People v. Peterson*, 450 Mich. 349, 537 N.W.2d 857 (Mich., 1995); *State v. Moran*, 151 Ari. 378 (Ariz., 1986); *State v. Foret*, 628 So.2d 1116 (La., 1993); *State v. Cressey*, 628 A.2d 696, 137 N.H. 402 (N.H., 1993).

Two Genesis Associates Prevented from Counseling

Philadelphia Inquirer, Feb. 5, 1997

by Suzanne Gordon

Two Pennsylvania state agencies have reached a tentative agreement with psychologist Patricia Mansmann and social worker Patricia Neuhausel which would involve a temporary suspension and may include monitoring of the women's activities by the state.

Robert DeSousa, chief counsel for the Bureau of Professional and Occupational Affairs said that the proposed temporary suspension, would be more stringent than revoking their licenses outright, because it would not permit them to conduct psychological counseling or related counseling activities during the time of the suspension. If their professional licenses were revoked, DeSousa said, they could still practice types of therapies and counseling methods that are not subject to state licensing.

Nearly a year ago, the two partners of Genesis Associates were charged with 229 counts of misconduct and using harmful and dangerous methods in their therapy practice. The charges were investigated by the Pennsylvania Bureau of Professional and Occupational Affairs, the state Board of Psychiatry, and the Board of Social Work Examiners. In addition, a number of former clients or their relatives have filed suit against Genesis, contending the therapy was harmful.



Maryland's High Court's Ruling Which Rejected Repressed Memory Claims Stands

On Jan. 21, the U.S. Supreme Court (*Roe v. Maskell*, 1997 U.S. LEXIS 560), refused to hear a woman's appeal of a repressed memory case in which she claimed she had been sexually abused by a priest more than 25 years ago. As a result, the decision of the Maryland Court of Appeals stands. The Supreme Court gave no reason for declining to hear the case.

Last July, the Maryland Court of Appeals, *Doe v. Maskell*, 342 Md. 684, 679 A.2d 1087 (1996), refused to recognize "repressed memories" as a basis for postponing the filing deadline, noting that "studies purporting to validate repression theory are justly criticized as unscientific, unrepresentative and biased." The Court concluded, based on expert testimony presented at an extensive evidentiary hearing held earlier before a Circuit Court, that science could not even distinguish between a memory which had been "forgotten" and one which had been "repressed." Therefore, the court concluded, both claims must be treated in the same way. They must be dismissed as time-barred.

B O O K

— R E V I E W

**Multiple Identities and False Memories:
A Socio-cognitive Perspective**

N. P. Spanos

American Psychological Assoc.

(1996), 382 pages, \$35

Reviewer: Harold Merskey,
D.M.

Nicholas P. Spanos was Professor of Psychology and Director of the Laboratory for Experimental Hypnosis at Carleton University from 1975 until his death in 1994. He was killed when the plane he was piloting crashed shortly after take-off from Martha's Vineyard. This book had been submitted for publication before he died and the process was completed by his colleagues and friends, Drs. John F. Chaves (Indiana University School of Dentistry) and Bill Jones (Carleton University, Ottawa). Spanos' death was a profound loss to the scientific study of hypnosis, suggestion and social psychology. No better testimony to that fact exists than this book, which demonstrates with clarity and authority that Multiple Personality Disorder is no more than a charade.

Spanos argues that MPD is not a naturally occurring disorder, but a social construct produced by particular environmental and cultural factors. He emphasizes that "altered state" theories of hypnosis are inaccurate and that current concepts of MPD are

tied to them. He also presents parallels between MPD and possession by demons, witchcraft, glossolalia and hysteria.

The author deals with the preconceptions which have to be cleared away about hypnosis, hypnotic amnesia, and "brain-washing." He concludes that the available data indicate that hypnotic amnesia does not occur spontaneously following the induction of hypnosis and that the recall deficits that follow suggestions for amnesia do not involve an automatic and complete forgetting of events. Instead, hypnotic amnesia (and most likely much of MPD amnesia as well) involves goal-directed enactment aimed at meeting social expectations. With hypnosis, the subject is doing things because that is what is expected, and he or she satisfies himself that it is appropriate "under hypnosis" to comply with the notions put forward.

Spanos attends to issues connected with child sexual abuse, the fate of memory for abuse, and trauma and symptoms of sexual abuse, and concludes that hypnotic procedures are not reliable and age regression procedures involving "reliving" of earlier events are not authentic. He demonstrates the numerous points of similarity between Multiple Personality Disorder and demonic possession, which was rife throughout previ-

ous centuries (and occasionally still rears its "devilish" head). A variety of questionable, if not preposterous, phenomena are scrutinized, including Satanic ritual abuse, UFO observation, abduction by space aliens, and the social functions of possession. For example, Catholic and Lutheran ministers battled to show which of them was the best exorcist and, therefore, had the better religion. Throughout, there is a steady, almost remorseless reliance upon solid empirical and experimental data.

There are so many objections to Multiple Personality Disorder that its present survival, even if only temporary, is beginning to constitute a remarkable testimony to the human capacity for obstinate self-deception or, at least, to accept suggestion. The flaws in the diagnosis include an enormous variation, according to social circumstances, so that it is essentially a North-American disease with precarious little colonies infiltrated in the Netherlands and Norway.

In addition to an enormous growth in numbers of cases, there is also inflation of the number of alters. A few years ago, as Spanos makes clear, the mean number of alters per case was perhaps ten. Now it is up to twenty, and as long ago as 1988, the editor of *Dissociation*, Dr. Richard Kluft, claimed that he had patients with more than 4,000 alters. I remain puzzled as to how he managed to interview them all, even perfunctorily, never mind carrying out a comprehensive clinical evaluation. The improbability of the ideas linked with Multiple Personality Disorder is increased by the recognition that cases are spread by contagion, in therapeutic groups, in other social groups, in the audiences of both the print media and the electronic media, and indeed by anyone with whom the present or future MPD case happened to be talking.

The improbability of the current notion of Multiple Personality

Disorder likewise provides critical examination, as well as common sense rejection. Detailed infantile memories have been recovered from before the age of 3, even though they cannot possibly be laid down so early, simply because of the maturation rate of nerve cell sheaths. Also, frequent discredited claims of Satanic ritual abuse, reports of regression to intra-uterine experiences and to past lives, and claims for

**"Multiple Personalities"
You would never know they existed**

"The reason these cases are so hard to diagnose is the patients develop so many personalities to hide behind as a means of protection. And unless these personalities can be coaxed out from the dark shadows of the patient's mind, you would never know they existed."

Bennett Braun, M.D.
November 12, 1980 *Palm Beach Post*
Interview with Steve Rothman

alien abduction have all been found with the help of the same methods that produce MPD. MPD practitioners do not question their basic data, while speculation about superstructures advances. A psychotherapy patient who is asked to discover numerous alters may be compared with a customer going to a bank which offers her twenty-fold profits with gold produced by an alchemical therapy.

Meanwhile, theoretical propositions designed to justify the diagnosis on the basis of childhood sexual abuse have been undermined by the fact that the supposed classic cases, if they had abuse at all, reported a different level of dysfunction (much less serious), frequent misdiagnosis and overt induction under hypnosis.

The concept of repression on which MPD depends has also declined. Spanos showed that the link between the measurement of hypnotizability, so-called, and dissociative disorders, was so weak as to be trivial. He noted that all critics could demonstrate with ease that the largest number of report-

ed cases are presented as being produced by methods which involve outright instructions to multiply. The diagnosis is not exclusive, and it violates the law of William of Occam, whose rule favoured the simplest possible explanation.

We may ask whether patients (or clients) get better with these treatments. The answer is usually in the negative and many patients deteriorate sharply. There is a sense that professional standards have been wantonly violated, that the MPD movement, although declining, is still harming patients and that we should not just call MPD a socially constructed role, but a partial pyramid scheme based on make-believe.

The book by Spanos furnishes any reader with far more information than he needs for the particular purpose of discussing MPD with the public but a welcome abundance for the purpose of reaching a scientific decision. I would like to see more understanding in it of the role played by rapid cycling bipolar affective illness in recorded cases, including Mary Reynolds, and Janet's cases. Janet himself, in later life, began to see a number of his cases as having been bipolar patients who suffered frequent increases of elation and descents into depression.

A number of references which Spanos would no doubt have included had he survived are missing, but this book gives a superb analysis and review up to 1993. It deserves to be designated as a classic.

Harold Merskey, D.M. is Professor Emeritus in Psychiatry at the University of Western Ontario and a member of the FMSF Advisory Board. He is the author of The Analysis of Hysteria: Understanding Conversion and Dissociation, 2nd ed.

"The history of our race, and individual experience, evidences that truth is not hard to kill, and that a lie well told is immortal." Mark Twain
Mark Twain Himself! Humor, War, and Fundamentalism, Vol. II
1983. Dubuque, IA: Kendall/Hunt Publishing Co.

It is Too Late

It is three years since I wrote to you about my eldest daughter who, at 40 years of age, accused her father of raping her when she was five years old. Since then she has been denounced by my other two daughters. When one of these daughters tried to talk to her about the past, "P" told her that it would be better if she did not call her again.

Last August my husband died. He had requested that "P" be sent a copy of his obituary only. When "P" received the obituary, she called her sister to say that she felt that she ("P") was the victim because no one had contacted her about the death. (She had been told months before by my sister that her father's terminal condition.)

Since 1993, I have had no contact with my daughter and will not until she recants. Unlike most of your correspondents, I have no desire to see her or speak to her. She has put a dark shadow on our lives with her obscene accusations.

The most cruel thing of all is that my beloved husband died and now it is too late for her to ever apologize to him.

The newsletter has been a big help to me. I understand and feel the anguish of the letters sent to you and know that I am not alone. It has given me peace of mind. It has helped me with everyday coping. Keep up the excellent work.

A Mom

**Are There Others?**

I am writing this letter in order to locate others who have had a similar experience.

My daughter "J" transferred to Simon Fraser University in 1990, after

completing a year at U.B.C. She took courses in anthropology, sociology, psychology and women's studies. Up until the time she transferred to S.F.U., she maintained normal communications with my wife and me and with her older sister through phone calls and visits.

Soon after the transfer, we began noticing changes in her general behavior. She would become very angry with us when we discussed different topics. Differences of opinion were now met with anger, refusal to discuss and usually with "J" walking out.

In February, 1992, "J" wrote to us stating that she did not want to see us or communicate with us. In her letter she stated that we were denying the past and the abuse she had suffered and that we did not acknowledge any of it. We were shaken.

When my wife tried to visit her at her apartment, "J" came out screaming and swearing. My wife was unable to say anything. The same thing happened to me when I tried to visit, with the added threat from a neighbor that I would be arrested for stalking. I waited for the police to arrive and they told me my daughter had the right not to talk to me or see me.

In January of 1996, I was painting the house when the Royal Canadian Mounted Police came with a warrant for my arrest. They didn't know the particulars of the arrest and told me I would be free if I signed a bond. I didn't want to sign anything that might indicate that I was admitting guilt. A lawyer put the matter straight.

My wife and I often cry together. Our family has been torn apart and we can't seem to put it together again. We have tried many approaches, but don't know what to do about it. If there is anyone else out there who has been

affected in a similar way after your child has attended S.F.U. please write to me "L.M." care of the FMS Foundation.

A Grieving Dad

Editors comment: We have received many letters from parents whose children attended what we generally consider to be the finest universities when they became convinced that they had been sexually abused. In the week the above letter arrived, a similar situation was described by a family whose daughter is a graduate student at Columbia. Some families have been trying to connect with others so that they can approach the universities to hold them accountable. Women's Studies Programs, Psychology majors and counseling services are most often cited. The problem of alienation is recognized. In her book, *Who Stole Feminism*, Christina Hoff Sommers wrote "A parent should think very carefully before sending a daughter to one of the more gender-feminized colleges. Any school has the freedom to transform itself into a feminist bastion, but because the effect on the students is so powerful it ought to be honest about its attitude. I would like to see Wellesley College, Mount Holyoke, Smith, Mills, and the University of Minnesota - among the more extreme examples - print the following announcement on the first page of their bulletins:

We will help your daughter discover the extent to which she has been in complicity with the patriarchy. We will encourage her to reconstruct herself through dialogue with us. She may become enraged and chronically offended. She will very likely reject the religious and moral codes you raised her with. She may well distance herself from family and friends. She may change her appearance and even her sexual orientation. She may end up hating you (her father) and pitying you (her mother). After she has completed her

reeducation with us, you will certainly be out tens of thousands of dollars and very possibly be out one daughter as well."

Page 91

Who Stole Feminism? How Women Have Betrayed Women
New York: Simon & Schuster
(1994)



The Ultimate Sharing

The cardiologists said, "It could not be worse." They outlined the many high risks of doing surgery again - but there were no other options. The surgical team was being assembled as we said our goodbyes to "G" and prepared to wait. No one gave us any hope to hang on to; but after several hours we got word that the surgery went much better than expected, and the heart was strong. "G" not only survived, but was doing extremely well.

What does this have to do with FMS? Did the accusing daughters affect the condition? Maybe, but probably not; he had similar surgery nine years ago, before we knew of recovered memory. What it does affect, I think, is reconciliation. The incredible experience that the rest of the family shared through this crisis, has created a bond that our accusing daughters will never understand or share.

I used to mourn the good family times that our accusing daughters were missing. Now I realize they have cut themselves off from the ultimate sharing of a family walking through the valley of the shadow of death.



Thanks

The February FMSF Newsletter article called "Restoring Relationships" in the From Our Readers section is signed "A Father." I have never read a better summary of my own beliefs. Please convey my deepest thanks to the author.

A Mother

Bringing Sanity

I have greatly appreciated receiving your Newsletter over the last year. Even more I appreciate the work of your Foundation in bringing sanity into the way "recovered memory" evidence is evaluated. You should be very proud of your extraordinary achievements. In just a year the changes have been amazing.

I also applaud the work of many of those associated with your group in more generally trying to establish professional standards for the evaluation of the testimony of children and adults regarding sexual abuse. Maybe it is time to change the foundation's name to reflect these broader concerns.

Please continue my subscription. As a public defender, I appreciate it coming in the category of complimentary. I make my copies available to other public defenders in my office.

An Assistant Public Defender
Rhode Island



Move Ahead

In the February 1997 Newsletter, there was a box titled, "What accounts for the resilience of so many families?" Friends have often asked me how I have done so well after losing my two youngest daughters and my (now former) wife.

Ironically, the same psychotherapy cult that led them to "repressed memories," also taught me about being there for people not atypical for successful cults. When I dropped out of the cult because I objected to the anti-male, extreme feminist messages of the "guru," I alienated my daughters. The accusations followed.

For many years now, I have run men's support groups, that help men to overcome cultural inhibitions against acknowledging and expressing feelings. These groups have helped me in two ways: I have been supported by men with whom I could share my

experience, and I have been able to help others. As a result, I have been able to recover much of the pride and confidence that are inevitably damaged when loved family members become accusers. I believe that my resilience is also due to the fact I do not waste my emotional energy on hate. I keep in mind that our accusers are also victims who suffer deeply.

If any who read this are suffering from isolation, I urge you to do the following: learn all you can about the nature of memory and the counterarguments of "survivors;" give serious thought to sharing your story—perhaps first with your clergyman and then with trusted relatives; contact an FMSF volunteer coordinator in your state and offer to help set up a program or other educational project.

We all deserve the best, but often that can only be obtained through our own initiatives. Think about it. Then move ahead.

A Dad



Dear Dad and Mom,

I no longer believe Dad sexually abuse me.

I think Carol, my therapist, meant well, but she misinterpreted my depression, my nightmares and my drawings. I don't understand why I went along with her. I guess I just believed that she knew more than I did about why people get depressed and I trusted that she wanted to help me. I just didn't want to feel depressed anymore.

I am sorry for all the pain this has caused you. You worked hard to be good parents and to earn a living for us and you didn't deserve this. I feel stupid and ashamed about this whole mess. I hope you can forgive me. I'm sorry I hurt you.

Love,
Your Daughter



KEY : (MO) - Monthly; (bi-MO) - bi-monthly
(*) - see the State Meetings List

UNITED STATES

ALASKA

Bob (907) 586-2469

ARIZONA

(bi-MO) Barbara (602) 924-0975; 854-0404(fax)

ARKANSAS

Little Rock

Al & Lela (501) 363-4368

CALIFORNIA

Sacramento - (quarterly)

Joanne & Gerald (916) 933-3655

Rudy (916) 443-4041

San Francisco & North Bay - (bi-MO)

Gideon (415) 389-0254 or

Charles 984-6626(am); 435-9618(pm)

East Bay Area - (bi-MO)

Judy (510) 254-2605

South Bay Area - Last Sat. (bi-MO)

Jack & Pat (408) 425-1430

3rd Sat. (bi-MO) @10am

Cecilia (310) 545-6064

Central Coast

Carole (805) 967-8058

Central Orange County - 1st Fri. (MO) @ 7pm

Chris & Alan (714) 733-2925

Orange County - 3rd Sun. (MO) @6pm

Jerry & Eileen (714) 494-9704

Covina Area - 1st Mon. (MO) @7:30pm

Floyd & Libby (818) 330-2321

San Diego Area -

Dee (619) 941-0630

COLORADO

Denver - 4th Sat. (MO) @1pm

Art (303) 572-0407

CONNECTICUT

S. New England - (bi-MO) Sept-May

Earl (203) 329-8365 or

Paul (203) 458-9173

FLORIDA

Dade/Broward

Madeline (305) 966-4FMS

Boca/Delray - 2nd & 4th Thurs (MO) @1pm

Helen (407) 498-8684

Central Florida - 4th Sun. (MO) @2:30 pm

John & Nancy (352) 750-5446

Tampa Bay Area

Bob & Janet (813) 856-7091

ILLINOIS

Chicago & Suburbs - 3rd Sun. (MO)

Eileen (847) 985-7693

Joliet

Bill & Gayle (815) 467-6041

Rest of Illinois

Bryant & Lynn (309) 674-2767

INDIANA

Indiana Friends of FMS

Nickie (317) 471-0922; (317) 334-9839 (fax)

Pat (219) 482-2847

IOWA

Des Moines - 2nd Sat. (MO) @11:30 am Lunch

Betty & Gayle (515) 270-6976

KANSAS

Kansas City

Leslie (913) 235-0602 or

Pat (913) 738-4840

Jan (816) 931-1340

KENTUCKY

Covington

Dixie (606) 356-9309

Louisville - Last Sun. (MO) @ 2pm

Bob (502) 957-2378

LOUISIANA

Francine (318) 457-2022

MAINE

Bangor

Irvine & Arlene (207) 942-8473

Freeport - 4th Sun. (MO)

Carolyn (207) 364-8891

MARYLAND

Ellicott City Area

Margie (410) 750-8694

MASSACHUSETTS/NEW ENGLAND

Chelmsford

Ron (508) 250-9756

MICHIGAN

Grand Rapids Area-Jenison - 1st Mon. (MO)

Bill & Marge (616) 383-0382

Greater Detroit Area - 3rd Sun. (MO)

Nancy (810) 642-8077

MINNESOTA

Terry & Collette (507) 642-3630

Dan & Joan (612) 631-2247

MISSOURI

Kansas City - 2nd Sun. (MO)

Leslie (913) 235-0602 or Pat 738-4840

Jan (816) 931-1340

St. Louis Area - 3rd Sun. (MO)

Karen (314) 432-8789

Mae (314) 837-1976

Retractors group also forming

Springfield - 4th Sat. (MO) @12:30pm

Dorothy & Pete (417) 882-1821

Howard (417) 865-6097

John (352) 750-5446

MONTANA*

Lee & Avone (406) 443-3189

NEW JERSEY (So.)

See Wayne, PA

NEW MEXICO

Albuquerque - 1st Sat. (MO) @1 pm

Southwest Room - Presbyterian Hospital

Maggie (505) 662-7521(after 6:30 pm)

or Martha 624-0225

NEW YORK

Westchester, Rockland, etc. - (bi-MO)

Barbara (914) 761-3627

Upstate/Albany Area - (bi-MO)

Elaine (518) 399-5749

Western/Rochester Area - (bi-MO)

George & Eileen (716) 586-7942

OKLAHOMA

Oklahoma City

Len (405) 364-4063

Dee (405) 942-0531

HJ (405) 755-3816

Rosemary (405) 439-2459

PENNSYLVANIA

Harrisburg

Paul & Betty (717) 691-7660

Pittsburgh

Rick & Renee (412) 563-5616

Montrose

John (717) 278-2040

Wayne (includes S. NJ) - 2nd Sat. @1pm

Jim & Jo (610) 783-0396

TENNESSEE

Wed. (MO) @1pm

Kate (615) 665-1160

TEXAS*

Central Texas

Nancy & Jim (512) 478-8395

Houston

Jo or Beverly (713) 464-8970

UTAH

Kelth (801) 467-0669

VERMONT

(bi-MO) Judith (802) 229-5154

VIRGINIA

Sue (703) 273-2343

WEST VIRGINIA

Pat (304) 291-6448

WISCONSIN

Katie & Leo (414) 476-0285

Susanne & John (608) 427-3686

INTERNATIONAL

BRITISH COLUMBIA, CANADA

Vancouver & Mainland - Last Sat. (MO) @ 1-

4pm

Ruth (604) 925-1539

Victoria & Vancouver Island - 3rd Tues. (MO)

@7:30pm

John (604) 721-3219

MANITOBA, CANADA

Winnipeg

Joan (204) 284-0118

ONTARIO, CANADA*

London - 2nd Sun (bi-MO)

Adriaan (519) 471-6338

Ottawa

Eileen (613) 836-3294

Toronto /N. York

Pat (416) 444-9078

Workworth

Ethel (705) 924-2546

Burlington

Ken & Marina (905) 637-6030

Sudbury

Paula (705) 692-0600

QUEBEC, CANADA

Montreal

Alain (514) 335-0863

St. André Est.

Mavis (514) 537-8187

AUSTRALIA

Irene (03) 9740 6930

ISRAEL

FMS ASSOCIATION fax-(972) 2-259282 or

E-mail- fms@netvision.net.il

NETHERLANDS

Task Force FMS of Werkgroep Fictieve

Herinneringen

Anna (31) 20-693-5692

NEW ZEALAND

Colleen (09) 416-7443

SWEDEN

Ake Moller FAX (48) 431-217-90

UNITED KINGDOM

The British False Memory Society

Roger Scottford (44) 1225 868-682

STATE MEETINGS

Call persons listed for info & registration

TEXAS

Saturday, March 8, @ 12 noon

Memorial Forest Club

12122 Memorial Drive, Houston

Jo or Beverly (713) 464-8970

MONTANA

Saturday, May 3, @ 10:00 am

Colonial Park Hotel, Helena

Lee & Avone (406) 443-3189

ONTARIO

Saturday, May 10, @ 1:30 pm

Speaker: Pamela Freyd, Ph.D.

Pat (416) 445-1995

Deadline for the April Newsletter is Mar. 14
Meeting notices MUST be in writing & should
be sent no later than 2 months prior to
meeting. You must be a State Contact or
GroupLeader to post notices in this section.

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Pamela Freyd, Ph.D., Executive Director

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March 1, 1997

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pjf@cis.upenn.edu

if you wish to receive electronic versions of this newsletter and notices of radio and television broadcasts about FMS. All the message need say is "add to the FMS list". You'll also learn about joining the FMS-Research list: it distributes research materials such as news stories, court decisions and research articles. It would be useful, but not necessary, if you add your full name: all addresses and names will remain strictly confidential.

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SAVE THE DATES

MARCH 21, 1997

WHAT'S NEW IN THE
"MEMORY WARS":
IMPLICATIONS FOR
CLINICAL PRACTICE

MARCH 22-23, 1997

MEMORY AND REALITY:
NEXT STEPS

MEMORY AND REALITY: NEXT STEPS - REGISTRATION FORM

PLEASE COMPLETE AND MAIL TO: False Memory Syndrome Foundation,
3401 Market Street, Ste. 130, Philadelphia, PA 19104-3315. Include a
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1917 (for credit card registrations only) *Please print or type.*

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first name (for additional attendees - family registrations only) last name

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Add'l family member	50.00	60.00
Non-member	175.00	200.00
Student* or add'l family member	50.00	60.00
(*Attach photocopy of student ID)		

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Date

Let us know if you have any special needs.